

IN THE UNITED STATES PATENT & TRADEMARK  
OFFICE

In re application of Alfred B. Levine  
For: Bar Coded Navigation System  
Docket # 01-003

PETITION TO MAKE SPECIAL BECAUSE OF ADVANCED AGE, AND  
DECLARATION

Hon. Commissioner of Patents & Trademarks  
Sir:

Pursuant to MPEP 708.02, Applicant petitions to make the application  
filed herewith special because Applicant is over 65 years old. A Declaration  
of Applicant is set forth below.

Respectfully Submitted,

Alfred B. Levine      DATE    March 22, 2001

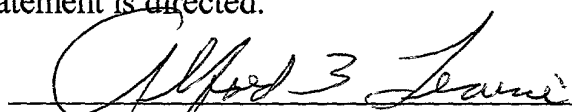
DECLARATION

I, Alfred B. Levine, declare under the penalties of perjury, that I am  
the above named Applicant, and that I am 75 years of age.

I declare that all statements made herein of my own knowledge are  
true, and that all statements made on information and belief are believed to  
be true; and further that all such statements were made with knowledge that  
willful false statements and the like so made are punishable by fine or

imprisonment, or both, under section 1001 of the United States Code, and that such willful statements may jeopardize the validity of the of the application submitted herewith, and any patent issuing thereon, or any patent to which this verified statement is directed.

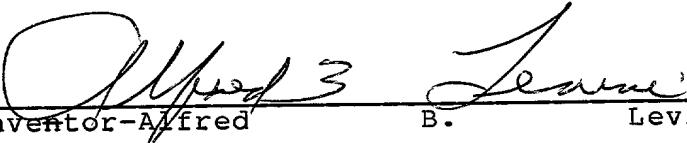
March 22, 2001

  
\_\_\_\_\_  
Alfred B. Levine

STATEMENT REGARDING FED. SPONSORED R & D

The below named inventor declares under penalties provided by law , that the invention disclosed in the patent application identified below, and filed herewith, has not been made under any federal sponsorship of the United States Government.

3/22/01  
date

  
Inventor-Alfred B. Levine

Applicant: Alfred B. Levine  
Docket # 01-003  
Title: BAR CODED NAVIGATION SYSTEM

Please type a plus sign (+) inside this box → ☐Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION FOR  
UTILITY OR DESIGN  
PATENT APPLICATION**☒ Declaration OR  
Submitted  
with Initial Filing ☐ Declaration  
Submitted after  
Initial Filing

Attorney Docket Number

01-003

First Named Inventor

ALFRED B. LEVINE

**COMPLETE IF KNOWN**

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

BAR CODED NAVIGATION SYSTEM

(Title of the invention)

the specification of which

☒ is attached hereto  
OR☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §385(b) of any foreign application(s) for patent or inventor's certificate, or §365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto
60/198,667	4-20-00	
60/222,592	8-2-00	
60/245,587	11/6/00	

(Page 1 of 5)

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231  
DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents and Trademarks, Washington, DC 20231

Please type a plus sign (+) inside this box → ☒

PTO/SB/01 (12-97)  
Approved for use through 9/30/00 - OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer  
Number Bar Code  
Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto

Direct all correspondence to: ☐ Customer Number or Bar Code Label ☒ Correspondence address below

Name	ALFRED B. LEVINE				
Address	P.O. Box 34-1738				
Address					
City	BETHESDA	State	MD	ZIP	20827
Country	USA	Telephone	301-365-0738	Fax	301-365-0738

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ALFRED B. LEVINE ☒ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname					
ALFRED B.		LEVINE					
Inventor's Signature	Alfred B. Levine		Date	3-22-2001			
Residence City	BETHESDA	State	MD	Country	USA	Citizenship	USA
Post Office Address	9005 SEVEN LOCKS ROAD						
Post Office Address							
City	BETHESDA	State	MD	ZIP	20817	Country	USA

☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto